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Harvard Medical Alumni Bulletin

Volume 35, Number 2

January, 1951

PUBLISHED QUARTERLY
OFFICE OF MEDICAL AND DENTAL EDUCATION
HARVARD UNIVERSITY
CAMBRIDGE, MASSACHUSETTS

Alumni Day – Class Day

HARVARD MEDICAL ALUMNI ASSOCIATION
HARVARD MEDICAL SCHOOL

*Preliminary Plans for
Meetings at the Harvard Medical School
Designed to Bring Together*

- THE FACULTY
- THE ALUMNI
- THE GRADUATING CLASS OF 1951
- AND UNDERGRADUATE STUDENTS

Friday, May 25 and Saturday, May 26, 1951

Alumni Day, Friday, May 25

Registration in the Faculty Room — The Medical School

MORNING AND AFTERNOON PROGRAMS

10:00 - 12:00 — Hospital Programs

12:30 — Buffet Luncheon — Medical School Quadrangle

2:00 - 4:00 — Symposia on Current Investigations in Medicine and Surgery

EVENING PROGRAM

Class Dinners at the Harvard Club

For the Reuning Classes of

1901, 1906, 1911, 1916, 1926, 1931 and 1936

Class Dinner for the Class of 1921 — Place to be Announced

Class Day, Saturday, May 26

MORNING PROGRAM

Class Day Exercises for the Class of 1951—The Medical School

Open House in the Medical School Laboratories

Buffet Luncheon — Medical School Quadrangle

EVENING PROGRAM

Class Dinners at the Harvard Club

For the Reuning Classes of

1941 and 1946

Keep the dates in mind and plan to be present.

Further Details will be announced later.

Committee in Charge

For the Alumni Association

Charles Sidney Burwell
Jahn Englebert Dunphy
Curtis Prout
Richard Warren

For the Medical School

George Packer Berry
Oliver Cape
James Howard Means
Claude Alvin Villee

Harvard Medical Alumni Bulletin

VOLUME 25

JANUARY 1951

NUMBER 2

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Harvard Medical Men at Yale or Harvard Wolves with Yale Sheepskins

WILLIAM T. SALTER, '25



Soon after my arrival at New Haven (1941) I received a Yale diploma, resplendent in official Latin and signed by President Seymour. My first instinctive thought was that the notorious *Med Fac* had been revived under Yale auspices. All doubts were dispelled, however, when two days later I received a bill for annual dues

William Thomas Salter, whose article appears in this issue, was born in Boston, December 19, 1901. His education was unexcelled, namely, Roxbury Latin, 1918, Harvard College, 1922, M.D., Harvard in 1925, and last but not least, Medical Intern and Resident at the Massachusetts General Hospital (West Medical, 1927), and now he is a Professor at Yale!

Dr. Salter's career has been a distinguished one: it falls since house staff days, into four chapters. In 1927-28 as Moseley Travelling Fellow of Harvard, he worked with Professor Charles R. Harington of thyroxine fame, at London. Then after a substrate of work in biochemistry he joined the research staff of the

from the Yale Alumni Association and soon afterwards my Yale Alumni football applications. Upon further inspection of the diploma there appeared one curious feature, i.e., the word *privatim* where I had expected to see *Summa Cum Laude* or at least *Honoris Causa*. Further inquiry disclosed that Yale is accustomed to signalize the acceptance of newly appointed professors into "the Yale family" by the bestowal of a diploma. The University, however, earmarks these sheepskins with the designation *privatim* to remind the recipient that "we slipped it to you privately."

It is pleasant to have a degree for which one did no work, even though one must contribute to two alumni funds. One might feel perhaps like a wolf masquerading in this Yale sheepskin were there not a goodly number of other Harvard wolves in the same situation. It is the purpose of this communication to enumerate the little red sheep who have gone astray in the medical field and to say something of their multifarious interests and activities.

Faculty of Medicine

In taking this census it is appropriate to begin with *Francis G. Blake, 1913*, once an interne at the Peter Bent Brigham Hos-

Collis P. Huntington Memorial Hospital, where he remained until 1939. After that he was at the Thorndike Laboratory of the Boston City Hospital until he went to Yale as Professor of Pharmacology in 1941.

His work on the metabolism of iodine, the synthesis of thyroid protein, and the transport of thyroid hormone is fundamental and outstanding. His monograph in the Harvard Medical Monograph Series, 1940, entitled "The Endocrine Function of Iodine" is a classic. He also has a long bibliography of important papers in his field in the various research medical journals.

Harvard can be very proud to have given Yale this brilliant son.

pital. Through some seven long years of wartime confusion Dr. and Mrs. Blake (also Peter Bent Brigham) guided the Yale Medical Community as Dean and Deaconess. Since 1927 Dr. Blake has been Sterling Professor at the Yale University School of Medicine and Physician-in-chief of the Grace-New Haven Hospital University service. He is nationally known as a member of the Advisory Health Council and as a specialist in communicable diseases,—in particular scrub typhus. During the war he went to the South Pacific as advisor to the Armed Forces and there, although he saw “only one mosquito,” he contracted malaria. For his services he received the U.S.A. typhus medal in 1945. In the same year he also received the Charles E. Chapin Award, and in 1946 the Presidential Medal for Merit. At present he is interested in chemotherapy and antibiotic therapy in relation to the etiology, pathogenesis, and treatment of infectious diseases. Last summer at the invitation of the Australian Post-graduate Federation in Medicine he spent two months in Australia giving a series of lectures and clinics.

Since 1931 *John F. Fulton, 1927*, has been Sterling Professor of Physiology at the Yale School of Medicine. In 1939 he was made Chairman of the Advisory Board of the Yale Medical Historical Library and in 1949 became Keeper of the Medical History Collections. In fact, he has become one of the country's outstanding specialists in the history of medicine. He is interested primarily in the comparative physiology of the primate brain, in aviation medicine and neuro-physiology. He has received many awards, among them the bronze medal from the American Medical Association for an exhibit illustrating functions of the cerebral frontal lobes; the U. S. War Department certificate of appreciation in 1945; from Great Britain the Most Excellent Order of the British Empire, Honorary Officer of Civil Division in 1948; the U. S. President's Certificate of Merit in 1948 and the Aero-Medical Association Fellow in Aviation Medicine in 1948. In 1949 he received the Officier Le-

gion d'Honneur awarded by the President of France for the important part Dr. Fulton has played in promoting scientific relations with western European medical schools and medical academies. He has written and edited many books; the two most recent, published in 1949, are: *Physiology of the Nervous System*, New York, Oxford Univ. Press, 1949 (3rd Amer. Edition); *Howell's Textbook of Physiology*, Philadelphia, W. B. Saunders Co., 1949 (16th edition).

In 1948 *William J. German, 1926*, became Professor of Surgery (Neurology) at the Yale University School of Medicine and Associate Surgeon (Neurology) in the Grace-New Haven Hospital University service, and Consultant to the Veterans Administration Hospital (Newington). He has been the Secretary-Treasurer of the American Board of Neurological Surgery since 1947. Dr. German is Chairman of the Neurological Study Unit at Yale. His main interest is the teaching of post-doctorate students in the specialty of neurological surgery.

Since 1947 *Gustaf E. Lindskog, 1928*, has been William H. Carmalt Professor of Surgery in the Yale University School of Medicine, Surgeon-in-Chief of the Grace-New Haven Hospital University service and Consultant to the Veterans Administration Hospital (Newington). He was in the U.S.N.R. in 1944-45. He is concerned primarily with thoracic surgery and physiology, and is a Founder member of the American Board of Thoracic Surgery. It will be of interest to fellow classmates that his internship in 1928-29 was with Elliott Cutler at the Lakeside Hospital in Cleveland.

William T. Salter, 1925, came to Yale in 1941 as Professor of Pharmacology and Chairman of the Department of Pharmacology in the Yale University School of Medicine. One of his main interests has been in developing postgraduate education in pharmacology. In 1948 he was the first recipient of the National Iodine Educational Bureau Award for Research in the Pharmaceutical Chemistry of Iodine. He

was cited for his exploration of many fundamental questions concerning the function of iodine in nutrition and the life processes of the body. He is interested in the function of the thyroid gland and its relation to blood iodine fractions, in sex hormones, and in digitalis-like heart drugs. At present he is doing research on thyroid cancer using radioactive isotopes.

Henry Bunting, 1936, has been at Yale since 1939 and in 1949 was appointed Associate Professor of Pathology in the Yale University School of Medicine and Associate Pathologist to the Grace-New Haven Hospital University service. His interests at present are in histochemical research in anatomy and pathology.

In 1948, *Edward C. Curnen, Jr., 1935*, became Associate Professor of Pediatrics and Preventive Medicine in the Yale University School of Medicine and Associate Pediatrician and Head of the Bacteriology Laboratories at the Grace-New Haven Hospital. He is also an Associate of the Commission on Influenza, Army Epidemiological Board; Secretary of the Yale Medical Society; Chairman of the Clinical Sciences Committee; and a member of the Yale Medical Executive Committee and of the Committees on Clinical Practice and Student Health. He was a Commander in the Medical Corps, U.S.N.R., 1942-46. His research activities at present are concerned with acute respiratory infections, poliomyelitis, and the recently recognized Coxsackie group of viruses.

David M. Kydd, 1928, was at the Albany Medical College in Union, N. Y. from 1936-1947. In 1947 he came to Yale as Associate Professor of Medicine and Associate Physician at the Grace-New Haven Hospital. His chief interest is in the distribution of electrolytes. He also is doing research in metabolic diseases, in particular thyroid diseases.

In 1947 *Henry D. Hoberman, 1947*, received the appointment of Assistant Professor of Physiological Chemistry at the Yale University School of Medicine. At present he is working on the endocrine regulation of amino-acid and protein me-

tabolism. Formerly he did work in creatine and protein metabolism using heavy nitrogen. He has spent two years with Dr. Peters' group in the clinical metabolism service.

Since 1948 *John W. Meigs, 1940*, has been Assistant Professor of Occupational Medicine (Public Health) in the Yale Medical School; Assisting Physician in the Department of University Health and Associate Physician on the Grace-New Haven Hospital University Service. He is in charge of a section on occupational medicine and hygiene associated with the School of Public Health. This is a new venture at Yale, offering special training next year for students in occupational health in the Department of Public Health.

William D. Blake, 1943, spent two years in the army at Goldwater Memorial Hospital (N. Y.) on a malarial research project. He then spent a year as assistant resident at the Presbyterian Hospital (N. Y.) followed by a year as Fellow in Medicine. In 1949 he joined the Yale Department of Physiology, where he is now an Instructor in Physiology. His present interest is in the effect of exercise on renal hemodynamics.

Victor C. Vaughan, III, 1939, finished his internship on the Children's Medical Service of the Massachusetts General Hospital in December 1943. In January 1944, he became an Assistant in Pediatrics at Yale and was an Instructor in 1946-47. Between 1947 and 1949 he was back at Harvard as a Research Fellow in the Department of Pediatrics at the Children's Medical Center (Boston). He is now an instructor in Pediatrics at Yale and Associate Pediatrician on the Grace-New Haven Hospital University service. One of his chief research interests is in erythroblastosis foetalis. He is also in charge of the blood bank and serology laboratory in the Grace-New Haven Community Hospital.

Affiliate Faculty

A considerable number of Harvard Medical graduates are affiliated with the

Yale medical teaching staff as attending physicians. As at Boston, these unsung heroes bear the brunt and heat of battle and make an inestimable contribution to the training of young doctors. As at Harvard, too, they get all too scant a recognition for their manifold contributions. An apology is due them here for this brief mention of the untiring efforts of only a few of them.

Lewis C. Foster, 1923, is Clinical Professor of Surgery and attending Surgeon on the Grace-New Haven Hospital University service. As pointed out below, he is also active in the Yale Department of University Health.

Ashley W. Oughterson, 1924, is Clinical Professor of Surgery and Attending Surgeon in the Grace-New Haven Hospital University service. He is also attending Surgeon to St. Raphael's Hospital (New Haven) and Consultant to the Griffin and Waterbury Hospitals. His chief interest is in cancer surgery; and he is writing a book on the medical effects of the atomic bomb.

David H. Clement, 1935, is Associate Clinical Professor of Pediatrics and Attending Pediatrician on the Grace-New Haven Hospital University service. He continues his interests in hematology, begun at the Thorndike Memorial Laboratory with Minot and Castle and developed while he was Commonwealth Fund Fellow in Hematology at the Children's Hospital (Boston) in 1945-6.

Arthur J. Geiger, 1931, is Associate Clinical Professor of Medicine; Attending Physician in the Grace-New Haven Hospital University service, and Consultant to the Veterans Administration Hospital (Newington) as well as to the Stamford and Griffin Hospitals. He is now President of the Connecticut Heart Association and Chairman of Yale's Cardiovascular Study Unit.

Carl E. Johnson, 1926, is Associate Clinical Professor of Obstetrics and Gynecology and Assistant Attending Obstetrician and Gynecologist in the Grace-New Haven Hospital University service.

Harold M. Marvin, 1918, is Associate Clinical Professor of Medicine and Attending Physician in the Grace-New Haven Hospital University service. He is President of the American Heart Association.

Burness E. Moore, 1938, is Associate Clinical Professor of Psychiatry, Attending Psychiatrist in the Grace-New Haven Hospital University service, and Consultant to the Veterans Administration Hospital (Newington).

William F. Green, 1932, is Assistant Clinical Professor of Psychiatry and Superintendent of the Fairfield State Hospital.

John B. O'Connor, 1934, is Assistant Clinical Professor of Medicine; Assistant Attending Physician (Tuberculosis) on the Grace-New Haven Hospital University service; and Senior Physician at the Laurel Heights Sanatorium.

Ernest Sachs, B.A. Harvard 1900, is in a special category because he took his M.D. at Johns Hopkins in 1904. Between 1919 and 1946 he served as Professor of Clinical Neurological Surgery at Washington University (St. Louis), becoming *Emeritus* in 1946. In 1949 he became Research Associate in Physiology at Yale, and has also continued his clinical interests. The neuro-surgical training program at Yale, integrated with that of the Hartford Hospital, is most fortunate in having the association of Dr. Sachs.

There are also several Harvard graduates here in New Haven in the *Emeritus* classification. Outstanding among these is *Wild-er Tileston, 1899*. From 1909-19 Dr. Tileston was Assistant Professor of Medicine at the Yale University School of Medicine and Clinical Professor from 1919-46. In 1946 he was appointed Professor *Emeritus*. His interests have been internal medicine, hematology, tuberculosis and diseases of the pancreas and liver.

Former Harvard Faculty

At Yale there are also several men, who although not themselves graduates of the Harvard Medical School, are well known to former Harvard students as inspiring faculty teachers and associates. For ex-

ample, there is *Dr. Samuel C. Harvey*, who received his M.D. at Yale in 1911. Between 1911 and 1913 he worked in pathology at Columbia. He joined the surgical staff of the Peter Bent Brigham Hospital in 1914, and between 1914 and 1916 was Arthur Tracy Cabot Fellow in Surgery at Harvard. He came to New Haven as resident surgeon in 1919 and became William H. Carmalt Professor in 1924. From 1921-1947 he was Chairman of the Department of Surgery. In 1947 he became Chairman of the Oncology Section, and one of the many coordinators of cancer teaching in this country. He was Chairman of the conferences of these coordinators in Chicago in 1948 and in Minneapolis in 1949. He was president of the Connecticut State Medical Society, 1948-1949. He is a member of the Subcommittee on Burns of the Medical Committee of the National Research Council.

Dr. Henry Peter Treffers received his Ph.D. at Columbia in 1937 and taught at that university until 1942, when he came to Harvard as Assistant Professor of Comparative Pathology and Biochemistry in 1944. He joined the Yale University School of Medicine as Assistant Professor of Immunology, and recently has been made full professor of Microbiology, and Director of Graduate Studies in Microbiology. He is Vice-Chairman of the Subcommittee on Microbiology of the Chemical-Biological Coordination Center, connected with the National Research Council. He is consultant to the Surgeon General's Office of the Armed Forces, and until very recently, to the U. S. Public Health Service.

Dr. David Weinman, II, went from Columbia to the University of Paris where he received his M.D. in 1935. He then became a Research Fellow in Comparative Pathology at Harvard where he remained until 1944. He was a member of the Harvard Expedition to Peru (1937) and Liberia (1944). After two years at Columbia, he joined the Yale University School of Medicine, where he is now Assistant Professor of Parasitology and Tropical Medicine. In this capacity he is a member of the Department of Bacteriology in the Medical

School and the Division of Microbiology in the Graduate School.

Yale Department of University Health

Half a mile from the Medical School group is the Health Department of Yale University. This department is led by *Orville F. Rogers*, 1912. He joined Yale in 1916 at the time that the Department of University Health was started, when the staff consisted of Dr. Greenway, Dr. Rogers, and a secretary-technician. The Department went out of existence during the first World War and was re-established in the fall of 1919 with Dr. Greenway and two assistants, one of whom was Dr. Rogers. The Department has grown so that now its staff consists of nine full-time physicians, forty part-time physicians, ten technicians, and a clerical force of thirty-one. In 1921 Dr. Rogers became the Assistant Director and in 1936 succeeded to the Directorship. Among his staff are other Harvard graduates, including the following:

John S. Hathaway, 1928, is Assistant Director of the Department of University Health with the rank of Associate Professor. The relationship of mental health to the problems of caring for men of college age has become of particular interest to Hathaway, who is at present engaged in a broad study of student behavior. He is a member of the American Public Health Association; and from time to time acts as a special consultant to the United States Department of Public Health.

Lewis C. Foster, 1923, is Clinical Professor of Surgery in the School of Medicine and chief consultant for the Department of University Health, as well as Surgeon-in-Chief, General Service, Grace-New Haven Community Hospital.

John W. Ewell, 1936, is a physician in the Department of University Health, having joined the full time staff in 1946. In association with William T. Salter, he is studying endocrinopathies encountered in the university age group, particularly those involving delayed maturation. He has also been connected with the developing program for pre-medical students at Yale. Dr. Ewell is a Fellow of Pierson

College and was recently elected an Honorary Member of the Torch Honor Society.

Robert B. Seabury, 1918, has been a surgeon in the Department of University Health since about 1921, taking care of traumatic problems. Dr. Seabury is particularly interested in athletic injuries, having been attending surgeon to Yale varsity football teams for many years. He says "as I battled for the honor of Yale against the Harvard men in our heterogeneous class of 1918, I am still striving, with more backing now perhaps than then, to suppress the indomitable Harvardism of my Medical School and Department of University Health colleagues."

Non-Medics

Of course there are many other Harvard men at Yale in non-medical fields. About once a month they meet, medics and non-medics, at the luncheon meeting of the Harvard Club of New Haven, which comprises graduates from various parts of the lower Connecticut Valley. They all march boldly in as if it were Commonwealth Avenue instead of Elm Street, . . . a fifth column of Reds (nay, Crimson) in a Blue community. One of the most interesting speakers at these meetings was the Yale assistant coach whose job it was to scout Harvard's plays. Unfortunately, he guessed the winner correctly.

Some of these so-called non-medics actually play an important role in medical affairs at Yale. Outstanding among these is *Mr. Frederick G. Kilgour, B.A., 1935*, the Medical Librarian. He was Assistant in Circulation at the Harvard University Library in 1935-36, ultimately becoming General Assistant between 1938-42. Subsequently, he was Executive Secretary of the Interdepartmental Committee for Acquisition of Foreign Publications in the Office of Strategic Services at Washington, 1942-46; and later worked in the Department of State as Deputy Director of the Office of Intelligence Collection and Dissemination in 1948. He joined the Yale University School of Medicine late in 1948. His papers given before the Beaumont Medical History Club have impressed his fellow members with the extraordinary medical knowledge possessed by a non-medical man.

In closing it should be said that the School of Medicine at Yale is more closely knit to the general university than at Harvard. Although Yale University straggles from south to north over two miles, there is no substantial barrier like the Charles River to segregate medicine from the basic sciences. This geographical continuity makes for closer contact between the various departments in the University at large.

HARVARD MEDICAL MEN
AT
YALE UNIVERSITY SCHOOL OF MEDICINE

Faculty of Medicine

<i>Professors</i>		<i>Associate Professors</i>		<i>Assistant Professors</i>		<i>Instructors</i>	
Blake	1913	Bunting	1936	Hoberman	1947	Blake	1943
Fulton	1927	Curnen	1935	Meigs	1940	Vaughan	1943
German	1926	Kydd	1928				
Lindskog	1928						
Salter	1925						
<i>Affiliates</i>		<i>Affiliates</i>		<i>Affiliates</i>			
		Clement	1935	Green	1932		
		Geiger	1931	O'Connor	1934		
Foster	1923	Johnson	1926				
Oughterson	1934	Marvin	1918				
		Moore	1938				
<i>Emeritus</i>							
Tileston	1899						

Department of University Health

Rogers	1912	Ewell	1936
Hathaway	1928	Seabury	1918
Foster	1923		

The Alcohol Proficiency Curve

WYMAN RICHARDSON, '23

I must begin by emphasizing that this paper is not concerned with the merits or demerits of imbibing alcohol. It is not a paper on ethics, nor on social science. It does not deal with the problem of alcoholism. It *is*, however, a purely scientific article on the effect which the drinking of alcoholic beverages has on one's proficiency in certain games, with a view toward enabling the reader to win more consistently than he has in the past. (I might say in passing that Stephen Potter, in his excellent treatise on "Gamesmanship" has, it seems to me, rather overlooked this important field, and refers only briefly to the matter on pages 51 to 54. Indeed, it is hardly going too far to say that, if one can master the art of playing a contest only when one oneself is on the upward portion of his curve while one's opponent is definitely on the downward portion of his,—it is hardly going too far to say that Potter's whole book becomes superfluous.)

Perhaps, too, I should explain what, in scientific jargon, a "curve" is. Strange as it may seem, such a curve may be, and often is, a straight line. In brief, a curve is a line drawn between a series of points each of which indicates the junction of two or more variables. This line may be drawn straight between the points, so that the resulting curve looks like a vertical section of the Alps. More often, the lines are curved and rounded. A few of the less honest scientists (there *are* a few, I am sorry to say) joggle their curves rather badly; and almost all jiggle them, a process known to the trade as "smoothing out."

In this article, my curves are very simple. They consist only of plotting my proficiency at any given game, scored on the basis of zero to four, plus or minus, against the number of drinks consumed. (Zero indicates my average game; plus four, unexpected champion-

ship form; and minus four, complete dubberly.) In order to have the curves mean any thing, of course the drinks must be of reasonably standard potency. And perhaps I should call attention to the fact, though it seems hardly necessary, that if each experiment is carried through for a sufficiently long period, the end point always becomes minus four.

With this introduction, then, let me go on and describe a series of my own curves. May I point out first, however, that I do not expect these particular curves to fit any one else, although I do have an idea that the general pattern may be surprisingly standard.

1. Tennis.

Little need be said on this subject. This is an example of a straight line curve, starting at zero and ending at minus four, usually in very short order. (See Figure 1.) If the tennis match is sufficiently important, it is obviously suicidal for me to take even one drink. Fortunately, however, my back is so out of kilter that I do not have to play tennis any more.

2. Golf.

My data on golf reverts to many years back, in as much as I don't have to play golf any more either (see below), and refers only to driving ability. The reason for thus restricting the data is that most of my golf was played on "cow-mow-it" courses where putting, as such, did not exist, and where teeing up the ball, provided it could be found, on every shot was standard practice.

My golf driving curve is, in a way, the most interesting of all; first, because of its sustained plateau, and second, because of the tendency toward a secondary rise, or plateau, on the downward side. (See figure 2.)

One would think, from glancing at

my golf curve, that this might have been an ideal game for me; and so it might, had I not made a record which has never been, and probably never will be, touched.

It happened this way: I found myself, one morning, at the old Salem golf course, ready to drive off from the first tee. On this particular occasion, I had no opportunity, and, in fact, never considered trying, to improve my proficiency. As I stood up and addressed the ball, the thought of my performance two days before did not serve to bolster up my confidence. (I had shot four holes in forty-eight, and then had quit). However, in my inimitable way, I took a terrific swing at the ball. The latter, in some unaccountable fashion, went whizzing off, absolutely at right angles, struck just short of the ninth green, dribbled along over it, and fell into the cup.

Nine holes in one stroke!

I went back to the club house, gave my clubs, or what were supposed to be clubs, to a caddy, and have never even tapped a golf ball since.

3. Horseshoe Pitching.

My horseshoe pitching curve is a very even one, notable only for its rather rapid rise, and again for its sustained plateau. (See figure 3.)

As an example of the practical use of such a curve, I will cite the following case history: Several years ago, my son and I had arranged a championship match with a couple of our neighbors. Owing to a knowledge of their habits, we delayed our arrival until three quarters of an hour after the appointed time, taking care to be sufficiently abstemious ourselves (this is always the difficult part) so as to be at point 3, while our opponents had already reached point 7 (marked by arrows on the chart). The result was that, though clearly outclassed on any handicap basis, we beat them easily 21-6, and 21-1.

4. Billiards.

In no other game is a consideration of

one's own, not to mention one's opponent's, proficiency curve so important. If this matter is handled with great delicacy and perspicacity, a distinctly mediocre player may sometimes actually be able to beat an otherwise undefeatable opponent. The great difficulty lies in the considerable length of time required, at least for players anywhere near my class, to play one hundred points.

The billiards curve is characterized by a rather slow rise, followed by a somewhat unpredictable, and very precipitate fall. (Figure 4.)

The problem, however, is a fascinating one, and consists in planning to arrive at match point at the last possible moment before the curve starts to fall off. It can easily be seen that a mistake in judgment can well be disastrous.

5. Rifle Shooting (Gallery).

I must apologize for including this fifth, and last, curve; because, except for its spectacular peak, it is drawn almost entirely from memory, and a memory of experiences long, long past at that. Nevertheless, I believe this re-creation of my gallery shooting curve is accurate, at least as far as its general contour is concerned. (See Figure 5.)

I can perhaps best illustrate this by the following case history: I once found myself in New York City, that most provincial of all cities. (I am not sure that every one will agree with me on this.) A medical meeting accounted for my presence. I don't know how it is with others; but I find it best, when attending such meetings, to have a few drinks under my belt. It gives one just enough euphoria to make one think he is taking in an immense amount of new knowledge, and at the same time provides enough amnesia to keep one's brain from being cluttered up with a mess of useless material.

Having attended both morning and afternoon sessions, I figured I had done my duty, and decided to pass up the evening activities. Consequently, having been handsomely dined by my brother, he and I

TENNIS

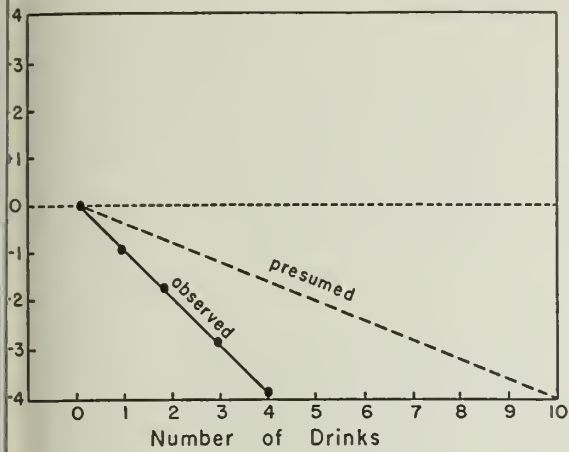


FIG. 1

HORSESHOE PITCHING

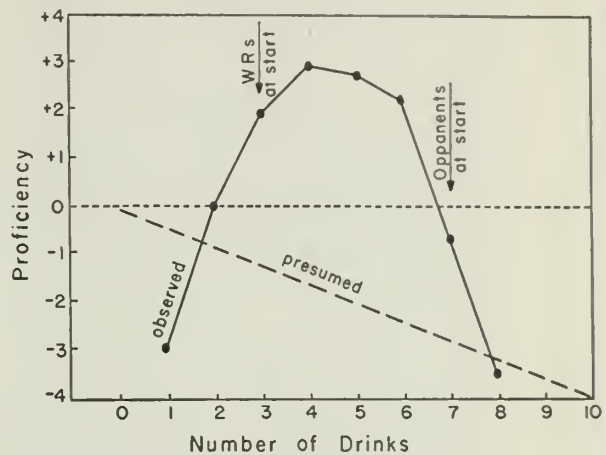


FIG. 3

GOLF

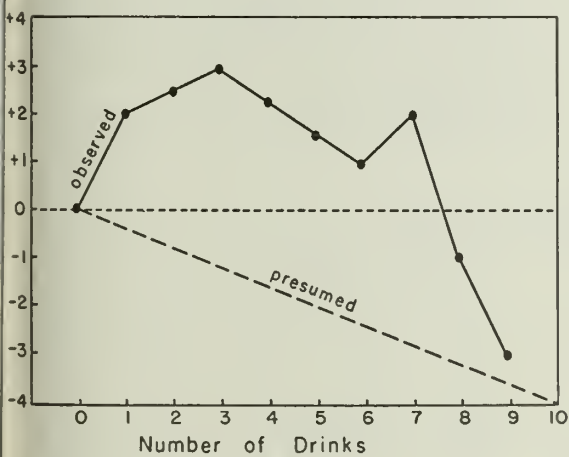


FIG. 2

BILLIARDS

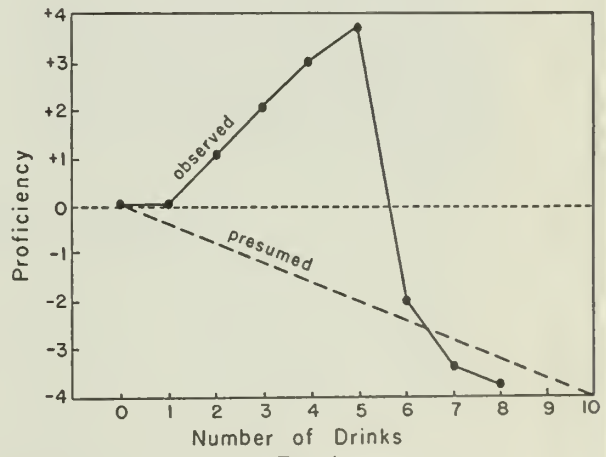


FIG. 4

went to his club and played cowboy pool. I must have been near the peak of my billiards curve; for I beat him, although I understood he was high up on the club list. By the time I had accompanied him to his apartment, it was approaching one o'clock in the morning, and I should have had sense enough to go to bed—but I didn't.

I wandered around here and there, and, perhaps an hour later, found myself crossing Broadway. Shortly after, coming upon a shooting gallery, I walked in. There was a sleepy-eyed, rather bald, little man sitting at the end of the counter. Not another soul was in the place. He loaded a .22 rifle for me, and I picked the largest target I could find, a white metal disc with a four inch hole in the middle. I aimed and fired.

"Bong!" went the target, indicating a bull.

Next I tried the one with a one inch hole, and rang the bell again.

Then I tried the one with so tiny a hole I could hardly see it.

"Ping!" for another bullseye.

"Give me something harder," I said.

The man turned a switch, and a parade of white pigeons, which he called ducks, came easing along out of the wings on a trolley. I bowled them over, one by one, as fast as they appeared.

"Give me something harder", I said again.

The man pulled a string, and a row of twelve imitation gas-lit candles suddenly showed up. I fired one shot and missed.

"Little lower", grunted the man.

I aimed a little lower, and proceeded to put out all twelve in succession.

"Haven't you got something harder?" I asked, somewhat irritably.

"Sure", said he, as he turned another switch.

A spotlight shone out, focussed on a large, white disc, about four feet in diameter. At north, south, east, and west were attached the tiniest clay pipes you can imagine. Then the man turned another switch, and the disc began to revolve rapidly; at least I thought it rapid, perhaps one revolution every two seconds.

I broke the four pipes with eight shots!

"Want to shoot some more?" asked the man, hopefully, when I put down the gun.

"No, thanks", said I, as I paid him off. "I've had enough".

I turned around to leave, and found fifty people crowding in, watching me.

"You from Texas?" the man nearest me finally asked.

"No, Boston," said I, and with that I marched out of the place.

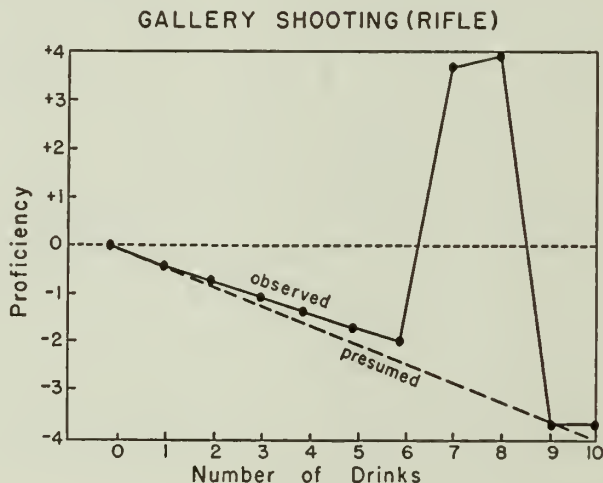


FIGURE 5

Harvard Medical Society Meetings

NOVEMBER MEETING

The November meeting of the Harvard Medical Society was held in the amphitheater of Peter Bent Brigham Hospital on November 14, Dr. Lewis Dexter presiding in the absence of Dr. G. W. Thorn.

Seven papers were presented, as follows: "Radiological Aspects of Vitamin D Intoxication," by Dr. Merrill Sosman; "The Effect of ACTH on Tuberculin Allergy," by Drs. Charles Osgood and C. B. Favour; "Tagging of Red Cells and Proteins with Radioactive Chromium," by Drs. Seymour J. Gray and Kenneth Sterling; "An Analysis of Components in the Metabolic Response to Surgery," by Dr. Francis D. Moore and Margaret R. Ball; "A Reproducible Controlled Unilateral Lower Nephron Nephrosis in Dogs," by Drs. Chester B. Rosoff, Andrew Jessimin, Robert S. Weiner and Carl W. Walter; "Studies in the Kinetics of Water Distribution in the Human Body," by Drs. Isidore S. Edelman, John M. Olney, Paul R. Schloerb and Francis D. Moore; and "Some Aspects of Abnormal Potassium Metabolism," by Drs. John P. Merrill and Harold Levine.

Dr. Sosman reported on a series of cases of Vitamin D₂ intoxication characterized by milky amorphous deposits around the joints. Evidence suggests that massive doses of the vitamin—on the order of 100,000 to 500,000 units a day—can mobilize the calcium from the bones, and cause severe renal damage, resulting in hyperphosphatemia and hypercalcemia. When excessive dosage is stopped, the patients show improvement.

The report covered six cases, in five of which there was a decalcification of normal bone and metastatic calcium deposits. In the sixth case there was decalcification of normal bones and multiple renal calculi. One of the other patients also had small renal calculi. Dr. Sosman also reported that he had seen two patients with severe renal disease and metastatic calcium de-

posits in periarticular tissues, with no history of excess vitamin D₂ intake.

The common denominator of the disease would appear to be the renal damage, associated with the presence of abnormally large amounts of calcium and phosphates in the blood. The most important differential diagnosis is to exclude hyperparathyroidism.

Drs. Osgood and Favour studied the effect of ACTH on tuberculin hypersensitivity and tuberculin complement fixing antibodies. Experiments involved the use of guinea pigs sensitized with heat-killed organisms. Twenty-two animals were given ACTH, 23 were given saline and 15 were given nothing.

Conclusions included the following: Highly sensitized guinea pigs given large doses of ACTH showed altered tuberculin sensitivity; the control group treated with saline showed variable changes in sensitivity, not comparable to the group given ACTH; a controlled experiment using turpentine as the skin testing agent showed ACTH produced the same skin test changes found in the tuberculin skin test animals, suggesting that changes wrought by ACTH are non-specific; no change in pre-formed anti-bodies was noted.

Evidence suggests that ACTH suppresses inflammatory response, and that part, if not all, of the alteration of tuberculin hypersensitivity may be accounted for by a non-specific metabolic effect of adrenal hormone.

Drs. Gray and Sterling reported on a new technique for tagging red blood cells and protein moieties. The investigators used two radioactive forms of chromium, Na₂CrO₄, which tags red cells, and CrCl₃, which tags proteins. The substances have a half-life of twenty-six and one-half days, give off weak X-rays and permit repeated injections with safety.

The technique allows for safe experi-

mental work in dogs and humans and, in the view of the investigators, is an improvement over conventional cumbersome and time-consuming procedures along similar lines. A sample of blood is taken from the patient, or animal, mixed with the radioactive substance in a beaker, thus tagging the cells, and then is reinjected in the patient. The tagged cells mix with other red cells. Blood samples taken from the patient at a later time permit, through the application of simple arithmetic, a dilution calculation and significant deductions concerning blood mass. The experimenters believe that as a procedure for measuring blood volume, the technique will be of value in the study of hemorrhage or other conditions where it is desirable to get a measure of red cell mass.

Dr. Moore and Miss Ball reported on a series of experiments aimed at determining the factors in the metabolic response to surgery. The investigators argued that whereas the surgeon often thinks about what he does to the patient, he perhaps forgets what the patient may be doing for himself by way of a biologic response to his injury or operation.

The experimenters used students in sham surgical procedures. It was concluded that immobilization is a relatively minor factor in producing the metabolic response to surgery. Short-term starvation plays an important role, and the adrenal cortex is of importance in the body's response to the stresses attending surgery. In the starvation studies, the most marked deviation by the experimental subjects from the classical surgical response concerned the sodium balance. In this instance, the student (who was subjected to every "operative" procedure except actual operation) lost sodium for a few days, then started to conserve sodium. After operation, sodium conservation starts immediately and persists for 8-10 days. Nitrogen and potassium balance were about the same as in the bona fide surgical patient.

It was concluded that since the body seems to have a characteristic, and effec-

tive, mechanism for reacting to surgical stress (one which has a high correlation with good recovery), attempts to abolish this pattern by forced feeding or meddlesome therapy are ill advised.

In the paper on nephron nephrosis, Dr. Rosoff pointed out that this condition in humans seems to be associated with hemoglobinemia and a renal anoxia. To delineate this problem experimentally, experiments in dogs were devised that led to the production of tubular lesions and histological changes similar to nephron nephrosis. It would appear that the lesions do not result from either factor alone. A combination of hemoglobinemia and renal anoxia, however, produces a pathological picture similar to the lesion seen in the humans.

Drs. Edelman, Olney, Schloerb and Moore reported on a series of experiments in which deuterium oxide, a naturally occurring, non-radioactive substance, was used as a water tracer in order to evaluate certain basic concepts concerning the kinetics of water distribution in the human body.

Using dogs and human subjects, the experimenters attempted to determine the rate-limiting boundaries for water distribution and to evaluate the elusive exchange relationships among blood water, interstitial fluid and cell water. Studies consisted of an analysis of the arterial heavy water disappearance curve, in vitro dialysis of skeletal muscle, and analysis of arterial-venous difference curves in the isolated hind limb of the cat.

The studies suggest that the capillary barrier between blood water and interstitial fluid does not slow down the passage of water to the interstitial fluid sufficiently to be detected by the D_2O arterial curve analysis. In general, there are two average rates at which water exchanges. These rates are related to the amount of water being exchanged between the cells and their fluid environment. Further, any one uniform cell area has its own characteristic transfer rate for water, which is relatively

slow compared to the diffusion rate of water through the capillary.

This work is designed to lead into studies on internal water exchange and distribution in disease states. While little is known at the present about any changes in the rates of exchanges of substances between cells and surrounding fluids, the availability of isotopes now make it possible to examine these phenomena in normal and pathological situations.

Drs. Merrill and Levine pointed out that the stages of development of the clinical syndrome of potassium intoxication and its characteristic electrocardiographic changes require certain critical levels of potassium in the extracellular fluid. In the course of observation of a number of patients with this clinical syndrome, it became apparent to the investigators that the clinical syndrome of potassium intoxication is dependent not upon any absolute extracellular potassium level but upon a total metabolic abnormality involving the interrelationship of concentrations of potassium and its physiologic antagonists, sodium and calcium, and possibly upon disturbance of the normal equilibrium of these electrolytes across the cell membrane.

The investigators speculated about the possible relationship of potassium depletion to the cardiac manifestations of digitalis intoxication. The fact that a previously digitalized patient may show signs of digitalis intoxication following a mercury-induced diuresis has been attributed to mobilization of extra digitalis from available fluid depots. It has been shown, however, that such mercurial diureses are frequently accompanied by large losses of potassium, and that prolonged diuresis may lead to potassium depletion. Death from cardiac arrhythmia has been seen in such a potassium depleted patient following prolonged diuresis.

Further, it has been observed in a patient treated with desocyclocosterone, known to cause potassium losses, that less digitalis is required to produce toxicity; moreover, in a patient whose signs of digitalis tox-

icity have diminished on cessation of the drug, the administration of glucose and insulin, with its known effect upon lowering serum potassium, has been shown to reproduce previous digitalis toxicity, even though no more of the latter drug had been administered.

It has been shown, then, that arrhythmia may be produced by rapid potassium depletion and the arrhythmia reverted by the restoration of the potassium to the extracellular fluid. It thus seems possible that rapid changes in the potassium level or potassium losses may trigger such a mechanism in the digitalized patient.

DECEMBER MEETING

The December meeting of the Harvard Medical Society, held in the amphitheater of Building D, was arranged by the Department of Physiology, Dr. Eugene M. Landis, Professor of Physiology, presiding. Four papers were presented, as follows:

"The Cardiovascular Responses to Exercise of Dogs with Surgically Produced Cardiac Damage," by A. C. Barger, J. Metcalfe, V. Richards, B. Gunther and W. Kinter; "Studies on the Physiology of Hibernation," by P. O. Chatfield and C. P. Lyman; "The Interstitial Pressure in Mammalian Kidneys," by C. W. Gottschalk; and "Molecular Diffusion from Peripheral Capillaries with Deductions Concerning the Number and Dimensions of Ultra-Microscopic Openings in the Capillary Walls," by J. R. Pappenheimer, E. M. Renkin and L. M. Borrero.

In presenting the first paper, Dr. Barger pointed out that the difficulty of producing slowly progressive, chronic, congestive failure in lower animals has retarded the analysis of the factors involved in the pathogenesis of cardiac failure. For example, the mechanism by which venous pressure is elevated in cardiac failure, and the role of venous pressure in the production of plethora and edema are still controversial. One area of agreement does exist—that dyspnea on exertion may be present long before other overt signs of failure appear. Serious anatomical lesions, such as aortic

or pulmonary stenosis, may be present for years in individuals who lead a full, vigorous life. The presence of these mechanical defects increases the burden placed upon the cardiac musculature, but the reserve power is at first great enough to supply the demand, even during strenuous exercise.

As cardiac reserve decreases, exercise tolerance then affords a good measure of this diminution in cardiac competence until failure at rest finally supervenes. Hence, early in the downhill course, cardiovascular studies at rest may not be very illuminating.

The importance of increasing the load on the heart to detect minor defects has been stressed by Dr. Landis. He and his co-workers have shown in acute experiments with coronary ligation that decreases in cardiac competence, which are not apparent at rest, may lead to the elevation of central venous pressure during exercise, with its increased venous return. They have suggested that these repeated, transient elevations of venous pressure during muscular activity may play an important part in the development of the signs and symptoms of congestive failure.

In order to investigate the relationship among cardiac competence, exercise and venous pressure in the unanesthetized animal, the investigators studied the changes of auricular pressure of dogs during mild and exhausting exercise on the treadmill before and after the production of valvular lesions of the heart. Among the conclusions were the following: (1) the right side of the heart has a tremendous reserve; (2) dogs with a valvular lesion, such as tricuspid insufficiency, may have a normal exercise tolerance, despite the defect. To achieve this response they must have a venous hypertension to maintain venous return, and venous hypoxemia to supply sufficient oxygen; (3) chronic, congestive failure can be produced in dogs by tricuspid avulsion and pulmonary stenosis, affording a preparation for the study of the pathogenesis of the disease.

Dr. Chatfield revealed that he and his colleagues had come across a seemingly unique structure in the floor of the fourth ventricle of the hibernating hamster.

The structure, a small canal opening into the fourth ventricle, overlies the sixth nucleus and genu of the facial nerve, and is in turn covered by a mass of presumably neural tissue. The investigators prepared sections of the hamster brain in order to have an anatomical reference for subcortical exploring electrodes and, in examining the sections under the microscope, noticed the structure. Anatomical reference works show no such similar structure in non-hibernating animals, such as the rat and the cat.

Dr. Chatfield observed that it is almost inconceivable that such a structure could have escaped the eyes of German anatomists. But the canal, or areas associated with it, may have some bearing on the problem of hibernation, so it may be profitable to explore further the ramifications of this curious finding.

The investigators defined hibernation as a condition characterized by a marked lowering of the body temperature with a concurrent drop in metabolism, heart rate, respiration and other vital functions. An orderly series of events associated with the waking process following hibernation suggests that the phenomenon is controlled in some way by the central nervous system. It would appear to be highly probable that the hypothalamus, the body's thermostat, is implicated in this phenomenon.

Dr. Gottschalk reminded his audience that one of the most poorly understood factors regulating the rate of urine formation is the interstitial pressure within the kidney. He said that it is a common observation by surgeon and physiologist alike that some kidneys are tense and turgid whereas others are flaccid and relaxed. Fifty years ago Brodie remarked upon the increased turgor of kidneys undergoing an active diuresis and made some attempts to quantitate it. It is natural to suppose that

this turgidity is associated with an increased pressure in the interstitial spaces, a supposition fortified by the indirect measurements made by Winton and others. However, as no reliable values were available from direct measurements, the investigators undertook a study, by direct methods, of the renal interstitial pressure and its relation to venous, arterial and ureteral pressures.

It was found that normal renal interstitial pressure measured directly in anaesthetized rats, guinea pigs, rabbits and cats averaged 10 mm. Hg and in dogs 16 mm. Hg. Death reduced it and renal venous pressure to very low levels, 2 and 5 mm. Hg in the smaller and larger animals, respectively.

Interstitial pressure was affected most conspicuously by changing venous pressure, somewhat less by changing ureteral pressure, and least by changing arterial pressure. The kidney did not behave as a simple bag of fluid; pressures could be elevated in one area without transmission throughout the kidney as a whole. Occasional bizarre results in dogs suggest that in the larger kidneys with heavier stroma, observations limited to a single site and involving large injections of fluid may be misleading.

Dr. Pappenheimer reported on a series of experiments designed to characterize capillary permeability in terms of the functional structure of the capillary wall. The experimenters studied the rates of diffu-

sion of various molecules through the capillaries in isolated perfused cat hind limbs.

When a molecule such as sucrose is suddenly injected into arterial blood supplying this preparation, an osmotic pressure is developed across the capillary membranes which decreases with time as the sucrose molecules diffuse into the interstitial fluid. From the osmotic pressure so developed and the observed diffusion rate it is possible to calculate the area required for free diffusion of sucrose through the capillary walls. Experiments of this type have been carried out with a variety of lipoid-insoluble molecules including sodium chloride, glucose, sucrose, raffinose and insulin. The calculated area for free diffusion of these molecules through the capillary membranes is extremely small—about 0.1% of the histological area of the capillary walls. The diffusion area decreases progressively with increasing molecular size.

The dimensions of the pores or openings in the capillary walls which would account for the observed diffusion rates may be calculated from the combination of diffusion and filtration data. The pore width so calculated is 40-60 Angstrom units (about 30 water molecules across) and this value accounts for the restricted diffusion area for large molecules including the permeability to certain proteins.

It was concluded that capillary permeability to water and to lipoid-insoluble molecules may be described in terms of the area and dimensions of openings in the capillary walls.

Walter Walker Palmer, 1882-1950



No one can describe how Bill Palmer accomplished all that he did during his lifetime nor how inspiring he was not only as a friend but also as an example to others. Suffice it to say that he was a New-Englander: strong and rugged like the soil from which he sprang, the very salt of the earth, independent-minded, loyal to his friends, a man of foresight, wisdom and high ideals, and a man endowed with rare integrity and honesty.

His first difference of opinion with the Harvard way of doing things—and by no means his last—occurred forty-seven years ago. On October 10, 1903, he played left guard on the Amherst College football team against Harvard and demonstrated the validity of his philosophy that strength, enterprise and skill were vital parts of human character. He stubbornly assisted in preventing the Harvard team from advancing over the goal line with but a yard to go; he fell on the ball when Harvard fumbled at a critical time; he helped Am-

herst carry the ball over the Harvard goal line for a touchdown and thus became a member of the first team ever to defeat Harvard on Soldiers Field.

He came to the Medical School three years later. Here again he demonstrated the value of strength, alertness and skill and, in addition, he revealed another of his characteristics: that he was a slow starter, a man who gathered momentum as he went along and who finished anything he began with peculiar vigor. During his first year he was not an outstanding scholar; during his second year he was better; during his third year he was clearly an honor man; during his final year, in the courses in which he was graded, he received six A's and two B's.

After his medical internship at the Massachusetts General Hospital, Dr. Frederick C. Shattuck, who was about to retire as Jackson Professor, offered him the Henry P. Walcott Fellowship in Clinical Medicine—a position the holder of which “shall not engage in private practice but devote his time to teaching and clinical research work.” In this capacity, Palmer came under the influence of Dr. Lawrence J. Henderson who, in turn, stimulated his interest in Physiological Chemistry by appointing him assistant in Chemistry 15. This was a half course that met in Cambridge on Tuesdays, Thursdays and Saturdays during the second half year. Dr. Henderson lectured on Tuesdays and Thursdays; Palmer met the class on Saturdays and gave a quiz on a reading assignment of some fifty pages of Abderhalden. Dr. Henderson felt that, among other things, this was a good way of instructing his instructors for, of course, they had to know more of the subject than their alert, critical and inquisitive students; to keep ahead of them entailed hard work.

Palmer carried on his research as Walcott Fellow in a corner of the chemical laboratory at the Hospital. There, to the amazement of his friends, he found the reaction of urine an interesting subject for study; his first three papers—in collabora-

tion with Dr. Henderson—dealt with this matter and led to a clearer concept of acidosis than hitherto had existed.

As the years began to accumulate, his promise quickly came into sharp focus. He went to the Rockefeller Hospital, soon became plainly earmarked for academic advancement in medicine, and from then on he had opportunities to go where he wished and do what he chose.

He served on the medical faculties of Cornell, Columbia and Johns Hopkins Universities and could have served on several others but finally, in 1921, when he was only thirty-nine years old, he accepted the Bard Professorship of Medicine at Columbia and the Directorship of the Medical Service of the Presbyterian Hospital.

He occupied these chairs—which when put together were easily large enough to be termed a settee—until his retirement came due in 1947. He developed an outstanding department which amalgamated full-time teachers with men in practice in a manner that led to important research, admirable teaching of medicine, and under his leadership, invaluable esprit de corps. He was an unselfish leader, and a good organizer, never self-seeking but always promoting the efforts of younger men.

His advice and wisdom came into great demand in a variety of ways; at one time or another he served as a member of the Editorial Board of the Archives of Internal Medicine, as Editor-in-chief of the Nelson Loose-leaf System of Medicine, as a member of the National Board of Medical Examiners, on the Council on Pharmacy and Chemistry of the American Medical Association, as Chairman on Drugs and Medical Supplies of the National Research Council, as Chairman of the Medical Advisory Committee to prepare a report to the President of the United States on the establishment of a National Science Foundation, as President of the Harvey Society, as President of the American College of Physicians.

Men accept retirement in various ways. Retirement for him merely meant more work and responsibility. As soon as his term at Columbia ended he became Direc-

tor of the Public Health Research Institute of the City of New York—an independent research laboratory supported in part by the city and in part by private gifts. He was admirably fitted to lead such an enterprise and was happy in doing it; it was his last appointment.

In the midst of a busy life, he managed to keep a warm spot in his heart for the Harvard Medical School and the Massachusetts General Hospital, the two institutions where, as he said, he received his early training and of which he was very fond. For ten years he was a member of the Board of Overseers' Visiting Committee to the Medical School and in 1949 began a second term of service on this committee. He enjoyed coming to Boston; he was thus able to keep in touch with the intimate affairs of the School and to offer helpful and tactful advice in regard to various School policies. Mainly, he enjoyed this Committee because its meetings gave him a chance to see old acquaintances. As he lunched in Vanderbilt Hall he was apt to contrast modern medical student life with his own days and to talk of 85 Pinckney Street where he lived during his senior year with three class-mates. He was likely to recall the meeting of the Boylston Medical Society in December 1909. Here he delivered his maiden medical speech, speaking about diseases of the lungs complicating pregnancy and he had the satisfaction of hearing his remarks discussed by Dr. William H. Smith, one of the most popular teachers of that era, who agreed with him that tuberculosis and pregnancy were not good friends. He was certain to ask about his class-mates who were living hereabouts, wishing that he saw them oftener, and always remembering them with sincere affection, pride and appreciation.

He died suddenly at his farm at Tyringham on October 28th; it was a still, mild and brilliant autumn afternoon and as one of his intimates wrote, the end came as he would have had it.

He was one of the best loved, most distinguished, and most valuable members of the Harvard Medical Alumni Association.

HARVARD MEDICAL SOCIETY OF NEW YORK

The Harvard Medical Society of New York has met twice in 1950 for dinner meetings at the Harvard Club of New York. On April 13, Dean George Packer Berry spoke to an open meeting of the Society attended by a record number of 76 members, 20 guests, and 63 other alumni. His presentation of the financial problems besetting the School, and also of the methods now used in the selection of the entering class, was received with great interest by the group, and a lively discussion followed his talk. At a second meeting held on October 26, Allan Jackson, C.B.S. news commentator, gave a very interesting talk on the international political situation.

During the year, 21 alumni were elected to membership in the Society. The officers at present are: Samuel W. Moore, 1930, President; Irving L. Cabot, 1920, Vice-president; George M. Wheatley, 1933, Secretary-Treasurer. The next meeting is scheduled for April 5, 1951.

GEORGE M. WHEATLEY, '33,
Secretary-Treasurer.

ROCKY MOUNTAIN HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION

The third annual Harvard Lecture was given at the University of Colorado Medical Center by J. Howard Means, 1911, with the arresting title of "The Integrative Action of the Endocrine System." It was given at five o'clock in the afternoon, December 8, 1950, primarily for the medical students, this hour being a departure from the evening hour of the previous years. The auditorium was well filled, not only with students and faculty members, but with fully as many practicing physicians. The Lecture was well received, and did credit to Dr. Means and the Harvard Medical School.

Prior to the Lecture the Department of Medicine hospitably arranged a "coffee hour" for Dr. Means at the Medical School. Here he was able, in an informal atmosphere, to meet new and greet old

friends and acquaintances among the University of Colorado medical faculty and the Harvard Medical School alumni group.

Following the Lecture a dinner was given in honor of Dr. Means at the University Club. Attendance was restricted to those holding degrees from the Harvard Medical School. After the ingestion and absorption of suitable tinctures, 33 alumni from five different states sat down together to an excellent dinner centered around a good rack of lamb. Those attending were: Leo W. Bortree, '10, Fred H. Brandenburg, '43-A, Robert K. Brown, '37, Daniel H. Buchanan, Jr., '41, J. Lawrence Campbell, '33, Thomas H. Coleman, '44, Thomas D. Cunningham, '18, James P. Dixon, Jr., '43-B, Ira Dixson, '28, Lloyd R. Evans, '40, George A. Filmer, '35, Reginald H. Fitz, '45, Merrill C. Jobe, '24, Donaldson W. Kingsley, '26, Hugh A. MacMillan, Jr., '40, Carl H. McLauthlin, '41, J. Howard Means, '11, Edward S. Miller, '40, Duane H. Mitchel, '43-A, George B. Packard, Jr., '14, Edwin W. Peterson, '43-B, F. Henry Reynolds, '32, Paul H. Rhodes, '35, John D. Robuck, '50, Jack Rowlett, '27, Raymond J. Savage, '26, J. Robert Spencer, '26, William F. Stanek, Jr., '34, William E. Sullens, Jr., '41, Henry Swan, II, '39, Leeson O. Tarleton, '10, Wesley Van Camp, '37, and Alfred H. Washburn, '21.

At eight o'clock the following morning Dr. Means gave a "live" clinic at the Denver General Hospital, centered around the diagnostic and therapeutic problems of thyroid disorders. The amphitheatre was packed, and Dr. Means had no difficulty in absorbing the interest of everyone there for a good two hours.

Our Rocky Mountain Association is distinguished, if for nothing else, by: (1), a complete lack of by-laws, (2), a minimum of business matters, and (3), a mailing list that covers an extremely far-flung geographic area, second only to the parent organization. The area extends from the northern to the southern borders of the United States, and from Omaha on our east to Salt Lake City on our west. There are 50 alumni in Colorado, 27 in Utah, 19 in

Nebraska, 12 in Kansas, 11 in Arizona, 10 in New Mexico, and eight each in Wyoming and Montana. This makes for a roster of 145. Of these, about 40 contributed to the financial support of our 1950 program. All contributions are entirely voluntary and no individual may contribute more than ten dollars in any one year.

To the dinner in honor of Dr. Means came alumni from Colorado Springs and Pueblo, Colorado; Hastings, Nebraska; Laramie, Wyoming; and one alumnus came all the way from Great Falls, Montana—the round trip approximating 1600 miles and requiring four days of automobile driving.

Of the 33 at the dinner, 22 were from classes that have been graduated subsequent to mine. The personal pain of this fact (which certainly accents the positive in the aging carcass department) is more than adequately assuaged, since it speaks for the youth and virility of this organization, and therefore for its future healthy growth. Further, among the 33 diners there were twelve new-comers, none of whom had attended the dinners in previous years.

During the course of the evening, a miniscule business meeting quickly resulted in the election of the following officers for the ensuing year: Thomas D. Cunningham, '18, President; Ira Dixon, '28, Vice-president; Henry Swan, II, '39, Treasurer.

All who participated in the events centering around Dr. Means' visit agreed that it was the most successful meeting thus far in our brief history.

IRA DIXSON, '28.

To the Editor:

Having had the privilege, through the courtesy of Mrs. Wilson, of seeing the copy of Dr. Ira Dixon's article on the Rocky Mountain Harvard Medical School Alumni Association meeting, in advance of publication, I am moved to send you a little comment on that organization myself.

As stated in Dr. Dixon's communication, I had the great honor of giving the third Harvard Lecture in Denver on December 8, 1950. I was four days in Denver, and I don't think I have ever had a more enjoyable professional and social experience. I was the house guest of the very charming James J. Waring, Professor of Medicine at the University of Colorado, and had the privilege of taking part in clinics and a clinicopathological conference at the Colorado General Hospital (on Dr. Waring's service), and also of giving a clinic at the Denver General Hospital which was organized for me by Dr. Reginald Heber Fitz in a way most delightful to me.

To Dr. Ira Dixon I have much to be grateful for. He is, I am sure, the leading spirit in the Rocky Mountain Alumni Association. I think he conceived the idea and is the energizing force which brings together in a very constructive fashion the Harvard Medical Alumni of the whole Rocky Mountain region. It is of great importance to the Harvard Medical School to have its alumni organize in such a fashion to increase their interest in our School and their potentialities for aiding it. It is a doubly happy thing that their meetings take place at the Medical School of the University of Colorado, because there is being set an example in curriculum reform under the leadership of the Vice-president, Dr. Ward Darley, Jr., which the medical Faculty at Harvard might well emulate.

In my humble opinion the Harvard Medical Faculty for a number of years has been rather complacent about its curriculum and resistant to change. Maybe the Denver influence will ultimately be felt at Harvard. I am sure Dean Berry is watching closely the educational experiment being made there.

J. H. MEANS, '11

The Stethoscope



This is the time of year when the School pursues its academic course with comparative serenity.—Those of us who follow the movies have had two treats recently: we have seen “Mystery Street” which displayed the Department of Legal Medicine, and besides telling a good story, raises nostalgic memories in the scenes which show the Administration Building, the Harvard Yard, Beacon Hill and Trinity Place Station whence, so often in ancient times, we were railroaded to many stations west of Wellesley Hills. Even the synthetic scenes in the laboratory somehow managed to make us think of Tom Bonney, Alton Mahurin or Henry Martin, and of John Warren, Lawrence Henderson or Walter Cannon.—We have also seen Sydney Farber, H.M.S. 1927, on the screen, looking larger than life, natural, and even a little embarrassed to be viewed in such strange surroundings. He appeared a dignified figure as he accepted the Great Heart award of the Variety Club of New England. He received it—and justly, too—as a medical statesman whose vision extends beyond the laboratory, who is a prophet of a new era in research and who leads his fellow scientists in exploring the causes and cure of cancer in children.—This is the time of year, too, when other medical schools begin to cast sheep’s eyes in our direction and often with effective cajolements in the way of better laboratory facilities, larger budgets and greater opportunities for work than we can offer. Orville T. Bailey, Albany Medical College 1932, who has been teaching in the Department of Pathology for fifteen years, is soon to become Professor of Neuropathology at the University of Indiana. When he leaves

here he will carry with him the best wishes of many Harvard colleagues and students. —Recently the wives of the students gave a memorable Sunday afternoon tea-party at Vanderbilt Hall in honor of the Wives of Aesculapius. Not only did they serve a delicious tea which they had prepared, but also they prevailed on four of the student musicians to present a concert of chamber music. The Living Room in the Hall is admirably designed for music of this character; a group of nearly a hundred and fifty students and faculty with their ladies were delightfully entertained. —On the Wednesday after Christmas Dean Berry gave a party for those students and their wives who found it impossible to get home for Christmas Day. There was a tree, coffee for those who preferred it, a fruit punch fortified by one of Mr. S. S. Pierce’s more authoritative supporters, and what the Department of Music at Harvard College called a night-club upright piano. For the first time in the history of the School a group of vigorous young voices sang gaily in the austere surroundings of the Faculty Room. Mildred Jefferson, H.M.S. ’51, was the pianist and under her leadership a number of carollers—who were practiced in the art of group singing—sang the time-honored songs that young people at Christmas time have sung for centuries. They were grouped beneath the portrait of Dr. J. C. White, H.M.S. 1856; he seemed a little shaky over the occasion. On the other hand, those of his colleagues who had been Deans during the past century—and who therefore understood all that was to be known about Harvard Medical students—remained firmly in their places on the walls. They even seemed to lend a peculiar sense of dignity and grace to a happy occasion.—The gathering broke up at dusk. A group walked across the quadrangle to Vanderbilt Hall, singing on the way. It was a fitting end to the old year at the School, and an auspicious beginning for the new, to hear their voices echoing back to the Administration Building the ancient words: “Venite Adoremus, Venite Adoremus, Venite Adoremus, DOMINUM.”

The Winding of the Clock



The brass plate on the panel below the dial bears the inscription, "The gift of the Honorable Peter Oliver, D.C.L., late Chief Justice of the province of the Massachusetts Bay, to Benjamin Waterhouse, M.D., 1790." The clock was presented to the School by Mrs. Robert deW. Sampson, Dr. Waterhouse's great-granddaughter.

A pleasant ceremony was instituted in the Faculty Room on Wednesday, December twentieth, at the School's annual Christmas Party.

The University Marshal called for order and made the following announcement: "By tradition, Justice Peter Oliver's year-running clock which came to Dr. Benjamin Waterhouse in 1790, is wound at a family gathering at Christmas-time to remind those who follow him in caring for it that there is a time to every purpose under the sun: a time to be born and a time to die; a time to plant and a time to pluck up that which is planted; a time to break down and a time to build up; a time to weep and a time to laugh; a time to keep silence and a time to speak; a time of war and a time of peace."

He then directed Dean Berry to wind the clock—a feat which the Dean accomplished by using, to raise its fifty pound weights, an old key which resembled the crank that all Model T owners once knew too well.

Dr. Berry then spoke briefly about Benjamin Waterhouse and the importance to human welfare in this country of his introduction of vaccination. Finally he commented on the significance to the School of the gift of the clock saying what a comfort it was to have something in the Faculty Room that had marked the passage of time for more than a century and a half, going on steadily and regularly despite all possible vicissitudes.

In this happy fashion, the clock, in its new surroundings, started off to measure time for the various happenings to the School that may occur during the one hundred and sixty-eighth year of its existence.

Correspondence

To the Editor:

I have lately had drawn to my attention the October, 1950, issue of the BULLETIN, with an article by Dr. Conrad Wesselhoeft, which contains a not very flattering anecdote purportedly about my grandfather, William Dean Howells.

Dr. Wesselhoeft graduated in 1911. His anecdote runs as follows. In his first summer of practice he looked after his father's patients while the latter was in Europe. He says that my grandfather came on from California to be given an honorary degree at Harvard, and came to the office hoping to find the elder Dr. Wesselhoeft; the latter had prescribed previously for warts and my grandfather, who had some fresh warts on his hand, asked for a copy of the prescription, and wanted no advice from the young doctor; the latter copied out the prescription, but it had no effect during the summer, and my grandfather wrote to the elder Dr. Wesselhoeft expressing his complete lack of confidence in the younger, and doubting his ability even to copy a prescription correctly. "It was a lucky break for me that the great William Dean Howells lived in California."

The elder Dr. Wesselhoeft was indeed my grandfather's doctor. However, apart from the facts themselves, the behavior described is utterly out of keeping with my grandfather's nature, who was well known for suffering in silence and hated to hurt anyone's feelings; he was the bane of the family in this respect. So I have checked up with family and other sources. I find that my grandfather was never in California, never had warts, and got his only Harvard degree, an honorary A.M., in 1867. Therefore I feel sure that Dr. Wesselhoeft has inadvertently mixed up my grandfather with another literary figure of the day, and I think there is one who would answer the description.

W. W. HOWELLS, B.S. '30, Ph.D. '34

* * *

To the Editor:

My first reaction to Mr. Howells' letter was to think that he was certainly taking after his grandfather in humbling me to the dust in this way. Then I, too, checked up through ancient records and found that I had made a mistake; in looking back into the past I had mixed up the great author with another distinguished patient whom I will not name for fear of getting into further trouble.

My humble apologies to the Howells family, the BULLETIN, and the Class of 1950.

CONRAD WESSELHOEFT, '11

HARVARD MEDICAL ALUMNI ASSOCIATION

Geographical Distribution of Graduates

Alabama	39
Arizona	12
Arkansas	8
California	333
Colorado	54
Connecticut	202
Delaware	3
District of Columbia	40
Florida	55
Georgia	41
Idaho	10
Illinois	121
Indiana	34
Iowa	14
Kansas	17
Kentucky	29
Louisiana	27
Maine	105
Maryland	52
Massachusetts	1803
Michigan	89
Minnesota	94
Mississippi	14
Missouri	76
Montana	8
Nebraska	23
Nevada	4
New Hampshire	96
New Jersey	86
New Mexico	12
New York	590
North Carolina	98
North Dakota	5
Ohio	160
Oklahoma	12
Oregon	50
Pennsylvania	161
Rhode Island	143
South Carolina	11
South Dakota	5
Tennessee	37
Texas	67
Utah	29
Vermont	28
Virginia	33
Washington	82
West Virginia	18
Wisconsin	59
Wyoming	9
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Total, Continental U. S.	5098
U. S. Territories	33
Foreign	68
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Total—All Graduates	5199

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ALUMNI DAY

There was a time when the Harvard Medical School Alumni Association held its annual meeting in Boston. On several of these occasions a variety of clinics and lectures were arranged by the Medical School and the associated hospitals. Although these sessions were well received and the annual dinner was well attended, the time of year made it difficult for alumni who lived at a distance to attend. Consequently, there was a general feeling that the meeting was not truly representative of the Alumni Association. It was for this reason that the time and place of the annual meeting was made to coincide with the annual meeting of the American Medical Association. This arrangement has proved highly successful and makes the annual meeting a much more representative one. Unfortunately, however, it does not give those members who live far away from Boston much of an idea of what is going on in the Medical School. To remedy this, a new departure is being undertaken by the Association in conjunction with the Medical School in announcing a two-day meeting which will coincide with

the time when various classes are holding their reunions in Boston, and when the Class of 1951 is holding its Class Day Exercises.

On May 25 the Association is arranging a morning and afternoon session at which recent developments in various Medical School activities will be presented by outstanding members of the faculty. The sessions will be short and will be designed to give the alumni a quick but clear look at just what is being done in the School at the present time. A luncheon will be arranged between the morning and afternoon meetings. These sessions will be open to all alumni but priority will be given to those members who are returning to Boston for reunions and who signify their interest by returning a postal card which will be sent out shortly to all members of the Association together with a program of the meeting.

In addition to the meeting on May 25 which will be designated as Alumni Day, Class Day Exercises will be held on the morning of May 26 for the Class of 1951. All alumni will be welcome to attend these ceremonies which will also be followed by a luncheon.

It is believed that this combination of meetings will promote to good advantage the objects of the Harvard Medical Alumni Association which as stated in the Constitution are, "To advance the cause of medical education, to promote the interests and increase the usefulness of the Harvard Medical School, and to promote acquaintance and good-fellowship among the members." The details are being developed by a joint committee of the Faculty and of the Executive Council of the Association.

It is not intended that this plan should interfere with plans which individual classes may wish to make for their reunions. Reunion dinners are being scheduled for Friday and Saturday nights, and it is hoped that the meetings on May 25 and May 26 will dovetail with any arrangements which individual classes may be considering.

